

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cachola Adult Residential Care Home	CHAPTER 100.1
Address: 98-314 Ponokaulike Street, Aiea, Hawaii 96701	Inspection Date: March 6, 2019

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver #1 & Household member #1 - No screening for symptoms consistent with pulmonary tuberculosis.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, tuberculosis screening was obtained for substitute care giver #1 on 3/7/2019 and for household member #1 on 4/9/2019. Screening has been filed in care home binder and ready to be viewed by department.</p>	<p>3/7/2019</p> <p>4/9/2019</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver #1 & Household member #1 - No screening for symptoms consistent with pulmonary tuberculosis.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will ensure to make a checklist on what forms and steps that will need to be completed upon hire.</p>	<p>3/7/19</p> <p>4/9/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #1 - "Heart Healthy" diet and "Regular fine chopped" diet ordered 11/19/18; however, the diet order was not clarified with the physician. A regular diet was provided. "Regular" diet ordered 12/4/18.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>3/18/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 - "Heart Healthy" diet and "Regular fine chopped" diet ordered 11/19/18; however, the diet order was not clarified with the physician. A regular diet was provided. "Regular" diet ordered 12/4/18.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will read diet order if there's 2 different diet orders, I will clarify w/ the physician right away.</p>	<p>6/11/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "cyclosporine 0.05% ophthalmic emulsion (Restasis) Place 1 drop into both eyes every night at bedtime" ordered 11/19/18; the label read "every 12 hours" and the medication record read "every 12 hours."</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, resident #1 updated doctors order was obtained for cyclosporine 0.05% ophthalmic emulsion (Restasis) on 3/19/2019 and filed in residents binder ready to be viewed by department.</p>	<p>3/19/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "cyclosporine 0.05% ophthalmic emulsion (Restasis) Place 1 drop into both eyes every night at bedtime" ordered 11/19/18; the label read "every 12 hours" and the medication record read "every 12 hours."</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>At the time of admission, I will compare physician order with the label on the bottle if the order is not the same as the label instruction, I will clarify w/ physician right away.</p>	6/17/19

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "donepezil 10 mg tab Take 1 tab by mouth every evening" ordered 11/19/18, updated 12/4/18, 1/14/19; the label read "evening." The medication is taken at 8 a.m.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, I immediately read & followed medication label and doctors order for donepezil 10mg tab. ALSO. MAR has been updated to PM.</p>	<p>3/6/19</p>

19 MAR 12 PM 4:46

RECEIVED

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "donepezil 10 mg tab Take 1 tab by mouth every evening" ordered 11/19/18, updated 12/4/18, 1/14/19; the label read "evening." The medication is taken at 8 a.m.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will read physician orders compare w/ the labels if the both says evening, I will administer medications in the evening and record it in my MAR in the evening when the medication is taken.</p>	6/17/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "lovastatin 40 mg (Mevacor) Take 1 tab every evening" ordered 11/19/18, updated 12/4/18, 1/14/19; the label read "daily in the evening." The medication is taken at 8 a.m.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, I immediately read & followed medication label and doctors order for Lovastatin 40 mg (mevacor). Also, MAR has been updated to PM.</p>	<p>3/6/19</p> <p>REC'D: 12 19 APR 12 PM 12:05</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "lovastatin 40 mg (Mevacor) Take 1 tab every evening" ordered 11/19/18, updated 12/4/18, 1/14/19; the label read "daily in the evening." The medication is taken at 8 a.m.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will read physician orders compare w/ the labels if both says evening, I will administer medication in the evening and record it in my MMR in the evening when the medication is taken.</p>	<p>6/17/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No report of medical examination and current diagnosis at the time of admission on 11/19/18. An examination, during recheck, was completed on 1/14/19.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>3/11/19</p> <p>19 APR 12 9:14 AM STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No report of medical examination and current diagnosis at the time of admission on 11/19/18. An examination, during recheck, was completed on 1/14/19.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will refer to my admission checklist to ensure that a physical examination is reviewed and signed by residents physician is obtained prior to admission. Then, it should be filed in residents binder and should be made available for departments review. Lastly, I will make a checklist of what forms and training needed to be completed on or upon admitting a resident. Checklist will be posted in resident and care home binder.</p>	<p>3/11/19</p> <p>19 APR 12 PM 1:46</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 - No notation of visits to the physician.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>3/8/19</p>

19 APR 12 P1:46

REC'D 4/7/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 - No notation of visits to the physician.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will ensure to document residents physician visit and any changes on progress notes immediately following visit.</p>	<p>3/8/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Primary care giver (PCG) and substitute care givers - No documentation of training for blood sugar checks. PCG stated she was not familiar with the features of the glucometer.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, glucometer training was done on 4/11/19 with Incontrol Diabetes Center. Proof of training is in ARCH binder.</p>	<p>4/11/19</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident #1 - Rates for services were not specified on the General Operational Policy.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, General Operational policy was revised as of 3/6/19 and rates were specified. Copy of the policy has been given to resident.</p>	<p>3/6/19</p> <p>19 APR 12 P1:46</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS The PCG is wrapping contaminated lancets in paper towel, then tape, then placing in an empty soda can and crushing the can before placing the can in a plastic bag and discarding in the trash.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, immediately purchased a red biohazard container for used and contaminated sharp objects.</p>	<p>3/6/19</p>

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Licensee's/Administrator's Signature: Merkola
Print Name: Madelaine Cachola
Date: 4/11/19

Licensee's/Administrator's Signature: Merk
Print Name: Madelaine Cachola
Date: 5/10/19

Licensee's/Administrator's Signature: Merkola
Print Name: Madelaine Cachola
Date: 6/17/19

2019
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12

P1:46